

## **REMARKS**

Applicant wishes to thank the Examiner for the attention accorded to the instant application, and respectfully requests reconsideration of the application as amended.

### **Formal Matters**

Claims 1, 2, 4, 5, 8-10, 12, 13, and 18 are currently pending in the application. Claims 3, 6, 7, 11, and 14-17 have previously been canceled. Claims 1, 9, 12, and 18 are amended to more clearly recite the invention; specifically, these claims are amended to recite “a preprocedure performed for a patient when performing an endoscopic examination” and “a second abnormality information indicating the presence/absence of the abnormality of the patient after the preprocedure”. Support for these amendments can be found in the specification on page 12, line 25 to page 13, line 8, and on page 16, line 25 to page 17, line 3. No new matter has been added.

### **Rejection of Claims Under 35 U.S.C. §103**

Claims 1, 2, 4, 5, 8-10, 12, 13, and 18 are rejected under 35 U.S.C. § 103 (a) as unpatentable over Goldstein, U.S. Patent Application Publication No. 2001/0021910 A1 in view of Jeacock et al., U.S. Patent No. 6,014,630 (hereinafter “Jeacock”) in further view of Edelson et al., U.S. Patent No. 5,737,539 (hereinafter “Edelson”). Claims 19-22 are rejected under 35 U.S.C. § 103 (a) as being unpatentable over Goldstein in view of Jeacock, in view of Edelson, in further view of Dulong et al., U.S. Patent No. 6,541,902 (hereinafter “Dulong”). These rejections should be withdrawn based on the comments and remarks herein.

Among the problems recognized and solved by Applicant’s claimed invention is the need for a system and method that makes effective use of patient information for endoscopic examination. Applicant’s inventive solution facilitates the recording of preprocedure activities

including abnormalities, as well as patient condition information including abnormalities, and makes this information available prior to or during patient examination and/or treatment procedures. Thus, if a patient has been determined to have an allergic reaction to a particular medicine prior to a preprocedure, this allergy or abnormality is noted with the patient's reservation data. In addition, if the patient has an allergic reaction or abnormality during the preprocedure, it is noted after the preprocedure, enabling appropriate measures to be taken during a next examination. The abnormality information occurring when performing the preprocedure of an endoscopic examination (i.e., first abnormality information) or the abnormality information after the preprocedure (i.e., second abnormality information) is stored. Therefore, the first and second abnormality information can be displayed on an examination reservation list. This allows the preprocedure of a next or subsequent endoscopic examination to be efficiently performed. Thus, applicant's inventive system, in which a medical worker accepts the reservation of an endoscopic operation while referring to abnormality information from the preprocedure of a past endoscopic examination, can achieve a purpose of an efficient endoscopic examination.

The Examiner acknowledges that Goldstein does not teach either a first abnormality information indicating presence/absence of an abnormality of a patient, or a second abnormality information indicating presence/absence of an abnormality of a patient, but contends that Jeacock discloses these features. Applicant respectfully disagrees.

Jeacock teaches a personalized patient document that can be given to a patient to tell him what he should do in preparation for a medical procedure, what he should expect at the hospital, what post-operative procedures to follow, and recovery details (column 1, lines 59-63). This patient information document is provided to the patient in advance of surgery (column 2, lines

34-35, column 3, lines 14-15). Such information relates to an advance preparation and the like performed by a patient, and therefore the information does not relate to the record of the information of an abnormality that occurs during the preprocedure of an endoscopic examination. Instead, Jeacock discloses a system for providing data or patient information that a patient refers to regarding a medical procedure. No teaching or suggestion of abnormality information obtained or recorded after the preprocedure is made by Jeacock. Hence, Jeacock does not teach or suggest a second abnormality indicating presence/absence of an abnormality of a patient after the preprocedure, as recited in independent claims 1, 9, 12, and 18.

Neither Edelson nor Dulong overcome this deficiency, and the Examiner does not state otherwise. Edelson teaches an electronic prescription creation system that assists physicians in prescribing and reviewing drugs (column 1, lines 13-15), in which a patient condition is associated with a prescribed drug (column 4, lines 43-44). Edelson's examination reservation system is used by a medical worker, while Jeacock's system provides information to patients. Jeacock and Edelson have different objects and different types of system users, so that there is little motivation to combine Edelson with Jeacock. Further, the "abnormality information" described in Edelson indicates the name of a patient's disease, which is different from the "abnormality information" of the preprocedure of an endoscopic examination, as recited in the claims of the present invention.

Dulong teaches consistently displaying medication information (column 1, line 19) to reduce potential medication errors at a patient's bedside (column 4, lines 26-27). Dulong does not teach or suggest any type of "abnormality information".

It has been held by the courts that to establish *prima facie* obviousness of a claimed invention, all the claim limitations must be taught or suggested by the prior art. See, *In re Royka*,

490 F.2d 981, 180 USPQ 580 (CCPA 1974). As illustrated above, the hypothetical combination of Goldstein and Edelson and Jeacock and Dulong, taken singly or in any combination, does not disclose or suggest a second abnormality information indicating the presence/absence of the abnormality of the patient after the preprocedure, and does not teach or suggest each and every feature of the present invention as recited in independent claims 1, 9, 12 and 18.

Thus *prima facie* obviousness has not been established, so that these independent claims are distinguishable over the art of record in the application. Claims 4 and 5 depend from claim 1, claim 10 depends from claim 9, and claim 13 depends from claim 12, each dependent claim incorporating all of the features and limitations of its base claim. Thus, these dependent claims are patentably distinguishable over the art of record in the application for at least the reasons that their base claims are patentably distinguishable over the art of record the application.

Accordingly, withdrawal of these rejections is respectfully requested.

### **Conclusion**

For at least the reasons set forth in the foregoing discussion, Applicant believes that the Application is now allowable, and respectfully requests that the Examiner reconsider the rejection and allow the Application. Should the Examiner have any questions regarding this Amendment, or regarding the Application generally, the Examiner is invited to telephone the undersigned attorney.

Respectfully submitted,



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